DOCUMENT RESUME

ED 259 851 RC 015 266

AUTHOR Stout, Charles L.; Swanson, Terri M.
TITLE Migrant Education Health Program, 1982. Final Report.
INSTITUTION Colorado State Dept. of Health, Denver.
SPONS AGENCY Colorado State Dept. of Education, Denver. Compensatory Education Services Unit.
PUB DATE Dec 82
NOTE 65p.; For related document, see ED 252 328.
PUB TYPE Reports - Evaluative/Feasibility (142) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Dental Evaluation; Elementary Secondary Education; Financial Support; *Health Education; *Health Needs; Hispanic Americans; *Migrant Children; *Migrant Health Services; Migrant Problems; Migrant Programs; Nutrition; Program Costs; *Summer Programs
IDENTIFIERS *Colorado

ABSTRACT

During 1982 the Colorado Migrant Health Program, together with the Colorado Migrant Education Program, provided students enrolled in migrant summer schools with a continuum of care which included screening and physical assessment for detection of existing and potential health problems, referral for diagnosis and treatment of identified abnormalities, case management/follow-up, and preventive and health promotion/health maintenance services. The $139,960 program employed 14 nurses, 12 dental hygienists, 14 nutritionists, 22 dental students or recent graduates, and 1 dental health educator. Health providers were placed in multidisciplinary teams and deployed in close proximity to all 14 migrant education summer school sites. A total of 2,239 migrant children (97.86% Hispanic), aged 1 to 20 (64.2% between 5 and 10 years of age) received one or more services. To enhance the general health status of the migrant farmworker population, all health team members were responsible for participating in classroom education, discussion groups, staff in-service training, and presentations of "family nights." The report provides information on the service population, service providers, health encounters (face-to-face interaction between provider and student), health screening procedures and outcomes, most frequent diagnosis, health education activities and curriculum, financial resources, and future plans. Comparative statistics by school site are appended. (NEC)

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FINAL REPORT

MIGRANT EDUCATION HEALTH PROGRAM

- 1982 -

COLORADO DEPARTMENT OF EDUCATION
MIGRANT EDUCATION PROGRAM

by

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COLORADO DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

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DECEMBER, 1982

RC015266

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INTRODUCTION

September 30, 1982 marked the completion of the tenth consecutive year that the Colorado Migrant Education Program and the Colorado Migrant Health Program have collaborated in the planning and implementation of a comprehensive health program for Migrant Summer School students. This collaboration has continually increased over the past several years as both programs have grown to appreciate that regardless of administrative affiliation, funding resources or individual organizational objectives - both programs share a common mission: to participate in enhancing the physical, mental, social and economic well being of migrant farmworkers. Both programs acknowledge that this mission requires a major focus on migrant children.

Not only do children of migrant farmworkers face the typical diseases and health problems of childhood, but in addition, they also confront numerous health problems and risks associated with their migratory lifestyle and the environmental hazards associated with agricultural work. They also confront numerous social, cultural and language barriers which often preclude their ability to access regular, comprehensive health care. It is clear that maximum educational achievement may be hindered by undiagnosed and untreated health problems — the young migrant child with undiagnosed hearing or vision problems will obviously experience difficulty in learning - regardless of the quality of the educational program presented. Other less obvious but equally significant undetected health conditions such as anemia,

respiratory infections, otitis media and dental disease also contribute to listlessness and distraction due to pain which may inhibit the educational process. In addition, although it is axiomatic that children in poor health will not achieve their full educational potential, it is also critically important to view the development of healthful lifestyles and health practices as essential elements of each child's educational experience.

Mutually supportive goals and the acknowledgement of the relationship between good health and the migrant child's ability to fully participate in the educational process set the stage for the 1982 Migrant Education Health Program.

This report is intended to detail the activities of this effort and to meet the following objectives:

1. To provide accountability to the Migrant Education Program that the health services provided were within the scope and financial estimates of the 1982 contractual agreement;
2. To share with Migrant Education staff and parents information gained about the relative health status and needs of migrant children in Colorado;
3. To provide an information base which will initiate planning efforts directed toward the 1983 Migrant Education Health Program.

The information presented in the 1982 report is the first which is based approximately ninety percent upon our newly automated management information system. One variance between what this system reported and what is known from school reports relates to the total number of Migrant Education Summer School enrollees. Our data base profiles a total of 2,339 Migrant Education enrollees.

However, enrollment figures reported by Migrant Education nurses total 2,225. This variance (114 or 4.9%) may be due to the following factors: a) some children may have moved one or more times during the summer (e.g. from Alamosa to Fort Lupton) and would have been recorded as a "new user" at two or more sites; b) many children "enrolled" into the Title I Program by recruiters were too young to actually attend (e.g. 3 years), but were still considered by their parents to be enrolled; c) some parents responded affirmatively that their child was enrolled in a Title I Program when the child attended a nine-month program, but not the summer program.

SECTION
I
HEALTH PROGRAM OVERVIEW

A. Service Population Profile:

A total of 2,239 migrant children identified as Title I enrollees received one or more services from the Colorado Migrant Health Program during the summer months of 1982. The students ranged in age from less than 1 through age 20, with the majority (64.2%) between the ages of 5 and 10. The next largest group (30.3%) were between the ages of 11 and 16. 51% were female and 49% were male. With regard to migrant status, 53% were interstate migrants, 9% were intrastate migrants and 38% were into their third, fourth or fifth year of "settling out". 96.5% were Hispanic, 1.8% were Anglo and 0.03% were Native Americans.

The following tables reflect the demographic statistics of this population:

TABLE I

AGE DISTRIBUTION OF MIGRANT EDUCATION
SUMMER ENROLLEES
- 1982 -

AGE	FREQUENCY	PERCENT	CUMMULATIVE PERCENTAGE
< 1	8	0.3%	0.3%
1	9	0.4	0.7
2	8	0.3	1.0
3	20	0.9	1.9
4	25	1.0	2.9
5	183	7.8	10.7
6	250	10.7	21.4
7	266	11.4	32.8
8	293	12.5	45.3
9	242	10.3	55.6
10	269	11.5	67.1
11	207	8.8	75.9
12	201	8.6	84.5
13	132	5.6	90.1
14	79	3.4	93.5
15	56	2.4	95.9
16	35	1.5	97.4
17	25	1.2	98.6
18	22	0.9	99.5
19	4	0.2	99.7
20	5	0.3	100%
	2,339	100%	

TABLE II

SEX OF MIGRANT EDUCATION ENROLLEES - 1982

SEX	FREQUENCY	PERCENT
FEMALE	1,208	51%
MALE	1,131	49
	2,339	100%

TABLE III

MIGRANT STATUS OF MIGRANT EDUCATION ENROLLEES - 1982

MIGRANT STATUS	FREQUENCY	PERCENT
INTERSTATE	1,232	53%
INTRASTATE	216	9
SETTLING-OUT	891	38
	2,339	100%

DEFINITIONS: Interstate Migrants are children of migratory farmworkers who come to Colorado from outside the state (e.g. Texas) for the express purpose of working in agriculture.

Intrastate Migrants are children of migratory farmworkers who live year-round in Colorado and move within the state for the express purpose of working in agriculture (e.g. from Trinidad to Fort Lupton).

Settling-out Migrants are children of migratory farmworkers who have remained in the school district for more than two years, but less than five years.

TABLE IV

ETHNIC STATUS OF MIGRANT EDUCATION ENROLLEES - 1982

ETHNICITY	FREQUENCY	PERCENT
HISPANIC	2,289	97.86%
ANGLO	43	1.84
NATIVE AMERICAN	7	0.30
	2,339	100%

B. Service Providers

The purpose of the contractual relationship between the Colorado Migrant Education Program and the Colorado Migrant Health Program is to assure that students enrolled in Migrant Summer Schools will have available to them a continuum of care which includes: screening and physical assessment for detection of existing and potential health problems, referral for diagnosis and treatment of identified abnormalities, case management/follow-up, and preventive and health promotion/health maintenance services. It was intended that health services be closely coordinated with day-to-day educational activities and involve, to the extent possible, parents and other family members.

In order to provide this full continuum of care, two categories of health providers are required: 1) nearly two-hundred (200) local providers (e.g. physicians, dentists, pharmacists, allied health providers) either in private practice or working with community-based care organizations, and 2) seasonal-hire staff who are recruited nation-wide for the duration of the Migrant Education Summer Schools. During 1982, a number of health providers were employed on this basis. This number included:

14 nurses
12 dental hygienists
14 nutritionists
22 dental students or recent graduates
1 dental health educator

These health providers were placed in multidisciplinary teams and deployed in close proximity to all fourteen (14) Migrant Education Summer School sites. This deployment is displayed in the following table:

TABLE V

DEPLOYMENT OF SEASONAL HEALTH PROVIDERS
- 1982 -

SCHOOL SITE	M.E. NURSE COORDINATOR	M.E. NURSES	DENTAL HEALTH EDUCATOR	NUTRITIONISTS	DENTAL HYGIENISTS	DENTAL STUDENTS	NURSING STUDENTS
State-Wide	1						
Ft. Lupton		1	*	1	1*	4	1
Brighton		1	*	1	*	2	1
Longmont		1	1*	1	*	3	1
Ft. Collins		1	*	1	1	1	1
Ault		1	*	1	1	2	-
Sterling		1	-	1	1*	1	-
Ft. Morgan		1	-	1	*	1	1
Lamar		1	-	1	1	1	-
Burlington		1	-	1	1	-	-
LaJunta		1	-	1	2	2	-
Pueblo		1	-	1	1	1	-
Alamosa		1	-	1	2	1	1
Olathe		1	-	1	1*	2	-
Grand Junction		1	-	1	*	1	-
TOTAL	1	14	1	14	12	22	6

* Provided services in more than one area

C. Health Encounters

During the summer of 1982, 2,339 Migrant Education enrollees had a total of 12,542 encounters with health personnel from the Colorado Migrant Health Program. This represents an average of 5.4 encounters per student.

A health encounter is defined as a face-to-face interaction between a health provider and a student (or the student's parent(s)) which requires independent judgement based upon the health provider's training and is of sufficient importance to be recorded in the patient chart. Health care encounters are divided into the following categories:

1. New and repeat medical encounters
2. New and repeat dental encounters
3. New and repeat nutrition encounters
4. Other encounters

"New" medical, dental and nutrition encounters are those that happen during the first interaction with the patient. "Repeat" encounters are those that happen subsequent to the initial (new) contact and are either follow-up to the condition identified during the initial contact, or new health conditions which have arisen after the first contact. "Other" encounters refer to patient contact which is not directly related to a specific health condition (e.g. confirmation of a medical or dental appointment, assistance with filling out forms for insurance or applications for food stamps, legal aid, etc.).

The following table presents the number of encounters by service category:

TABLE VI

NUMBER OF PATIENT ENCOUNTERS

SERVICE CATEGORY	FREQUENCY	CATEGORY TOTAL	PERCENT OF TOTAL
MEDICAL		5918	48%
New	2090		
Repeat	3828		
DENTAL		5573	44
New	1981		
Repeat	3592		
NUTRITION		916	7
New	514		
Repeat	402		
OTHER	135	135	1
	12,542	12,542	100%

As anticipated, almost one-half of all encounters were for medical reasons, with the next largest category being dental (44%). It is significant to note that nutritionists play an integral role in performing many medical screenings - activity which is not reflected in the table above.

It is also of interest to note the sites at which these services were delivered to migrant children. The following table reflects this information:

TABLE VII

PATIENT ENCOUNTERS
BY SITE OF SERVICE

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	9152	72.9%
MIGRANT EDUCATION NIGHT SCHOOL	147	1.2
DENTAL OFFICE	2347	18.7
PHYSICIANS OFFICE	288	2.2
STUDENT'S HOMES	524	4.2
CMHP CLINIC	72	.6
HOSPITAL	7	.06
HEALTH DEPARTMENT	5	.04
TOTALS	12,542	100%

As is evident from the preceding table, seventy four percent (74.1%) of all patients were offered services at a school site. Offices of medical and dental practitioners were the second most frequent sites of service (21.0%) followed by services delivered in the home (4.2%).

It is of additional interest to examine where services were delivered by individual health practitioners. The following tables reflect the sites of service delivery by nursing, dental hygiene and nutrition personnel:

TABLE VIII

NURSING* ENCOUNTERS BY
SERVICE DELIVERY SITES

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	5,052	94.2%
MIGRANT EDUCATION NIGHT SCHOOLS	89	1.7
HOME	151	2.8
CMHP CLINIC	41	0.8
OTHER**	31	0.5
TOTALS	5,364	100%

NOTES: *Includes Migrant Education nurses, CMHP nurses and nursing students.

**includes physician's office, local health departments, dental offices, hospital.

TABLE IX

DENTAL HYGIENE ENCOUNTERS
BY SERVICE DELIVERY SITES

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOLS	3,002	96.6%
MIGRANT EDUCATION NIGHT SCHOOLS	51	1.6
HOME	14	.5
DENTAL OFFICE	39	1.3
CMHP CLINIC	2	-
TOTALS	3,108	100%

NOTE: This table does not reflect the 2,347 encounters by dentists and dental students.

TABLE X

NUTRITION ENCOUNTERS BY
SERVICE DELIVERY SITE

SERVICE SITE	FREQUENCY	PERCENT
MIGRANT EDUCATION SCHOOL	540	59.0%
MIGRANT EDUCATION NIGHT SCHOOL	15	1.6
HOME	343	37.4
CMHP CLINIC	18	2.0
TOTALS	916	100%

It is significant to note that approximately ninety-five percent (95%) of all nursing and dental hygiene encounters took place at a Migrant Education school site. This contrasts with the nutrition encounters which took place only fifty-nine percent (59%) in school sites and more than thirty-seven percent (37%) in the student's homes. This is reflective of the high priority placed by the nutrition component on engaging the whole family in nutrition services.

SECTION
II

HEALTH STATUS OF MIGRANT EDUCATION STUDENTS - 1982 -

A. Health Screening

Over the past several years of close interaction with the migrant child, the Colorado Migrant Health Program has come to anticipate which health problems are most prevalent within this population. These conditions are as follows:

1. Abnormal growth (e.g. overweight, underweight)
2. Iron deficiency anemia
3. Elevated blood pressure
4. Diminished hearing
5. Diminished vision
6. Scoliosis
7. Dental disease

In order to identify the presence of these conditions as soon as possible (so that intervention may be offered while the children are available for services), all health team members participate in screening clinics conducted during the first week that children attend migrant summer schools. Screening is offered thereafter on a weekly basis to identify health problems in students who begin attending at a later date. The following is a brief summary of the screening procedures offered:

Height and weight measurements are taken on all Title I children. Results are plotted on a National Center for Health Statistics (NCHS) growth

chart. "Abnormals" result in a diagnosis of underweight, overweight or short stature. Underweight is defined as being at the 10th percentile or below, weight for height, on the growth chart. Overweight is defined as at the 90th percentile or above, weight for height. Short stature is at the 10th percentile or below, height for age. The latter diagnosis is controversial. It is not known with reliability if relative "short stature" is determined primarily by genetic or environmental factors. Norms for height and weight are not currently available for the Hispanic population. However, the HANES study currently being conducted in Weld County should provide more data about the Hispanic population in the near future. The reason that short stature is included in these protocols is that it may be used as an indicator of abnormal nutritional status in other programs, such as the Women, Infants and Children (WIC) Supplemental Food Program, Short stature, overweight and underweight are considered possible indicators of abnormal nutritional status. Follow-up consists of diet assessment, assessment of the child's medical history and individual counseling with the child and the child's family.

Hematocrits are done to assess the possibility of iron deficiency anemia. Children having borderline anemia are followed-up by the nutritionist. Children with clinical anemia are referred to a physician, and may also be followed-up by the nutritionist. Follow-up consists of diet assessment, assessment of the child's medical history and individual counseling with the child and the child's family. Children with abnormal hematocrits are rescreened at the end of the summer to assess whether or not the anemia has been resolved or improved.

Blood pressures are taken for two reasons. The first reason is that elevated blood pressure may indicate serious disorders such as kidney disease or cardiovascular disease. The second reason is that blood pressure measure-

ments serve as baseline data on a child, so that the child's "normal" can be established for future reference. Abnormal blood pressure is followed-up by the Migrant Education nurse. The nurse rescreens the child several times and if the blood pressure remains elevates, refers the child to a physician. The nutritionist may do diet counseling, if it is determined that the elevated blood pressure is complicated by the child's nutritional status (e.g. obesity).

Hearing screening is usually conducted by the nurse on selected students. When a child fails a hearing screening, the child is rescreened on another day unless there is evidence to indicate the possible presence of otitis media. (If there is such evidence, the nurse will immediately refer the child to a physician, and rescreen the child's hearing after resolution of the infection.) Children who fail screening twice are referred to a local audiologist for further diagnostic evaluation.

Scoliosis screening is done on all 11 year old children by the Migrant Education nurse. This screening procedure is done to assure that the child's spine is growing straight. Abnormals are rescreened, and if still abnormal, are referred for X-ray. If the X-ray indicates the need for immediate intervention, the child is then referred to the Handicapped Children's Program.

Vision screening is done using a Snellen chart. Abnormal screenings are referred to local providers if rescreening indicates the need.

Dental Screening consists of an examination of the teeth and oral structures. The purpose of this screening is to identify those children in need of professional dental treatment. Dental screening is done by one of the dental providers, most often the dental hygienist. At the time of screening, the children are prioritized according to the severity of need. Children with the most serious treatment needs are referred first for care,

with less serious conditions being referred as time and financial resources allow. Because dental problems are related in part to poor nutrition and oral hygiene practices, referrals to the dental hygienist and/or nutritionist for counseling and education are also made at the time of screening.

PPD (Purified Protein Deriviative) is a skin test which determines exposure to the tubercle bacillus. This screening procedure is performed by the Migrant Education nurse on all kindergarteners and 7th graders who have not been tested within the past four years. The skin test is read 48 and 72 hours later. Children with positive tests are referred for X-rays.

Physical Exams are no longer routinely done on all children every year. Only interstate children who have never had a physical examination, or children with symptoms which indicate the need, are referred for a physical.

B. Screening Outcomes:

During the 1982 Migrant Education Summer School sessions, a total of 1884 children received most screening services and 1941 students received dental screening. It should be noted that the limited purpose of screening these children is to identify which children have health conditions which require follow-up intervention. Unfortunately, at this time there is no comparable baseline data which may be utilized to describe the health status of this population vis-a-vis a non-migratory Hispanic student population. As indicated earlier, the HANES study currently being conducted in Weld County will provide comparative data which may be utilized as a basis of comparison in 1984.

The following table reflects the "abnormal" findings identified through the screening process in 1982:

TABLE XI

MIGRANT EDUCATION
SCREENING OUTCOMES
- 1982 -

SCREENING PROCEDURE	NUMBER SCREENED	NUMBER ABNORMALS	PERCENT ABNORMAL
HEIGHT/WEIGHT:			
Overweight	1884	283	15.0%
Underweight	1884	49	2.6
Short stature	1884	362	19.2
HEMATOCRIT	1884	417	22.1
BLOOD PRESSURE	1884	107	5.7
HEARING	1459	149	10.2
SCOLIOSIS	485	27	5.7
VISION	1884	301	16.0
DENTAL	1941	1332	68.6%

As is readily apparent from the preceeding table, dental disease is the major health problem for migrant children with 1,332 students (or 68%) having identifiable dental problems. 110 (5.7%) were identified as requiring immediate referral for relief of pain and/or treatment of dental infection. 103 of these students (93.6%) received such services. The remaining seven (7) students with emergency needs left the area before treatment could be initiated.

The following preliminary statements may be offered:

- 43.3% of students with identified dental problems received complete treatment;
- 18.8% of students with identified dental problems received partial treatment;
- there were a total of 2,347 visits to dental offices, an average of 2.6 visits per child receiving treatment;
- 8.1% of students with identified dental problems were not referred for treatment because their dental problems were low priority;
- 6.2% of students with identified dental problems were not referred because parents did not sign parent consent forms;
- 18.6% of students with identified dental problems were referred but moved before dental treatment could be initiated.

In addition to treatment offered for acute and chronic dental problems, substantial emphasis is placed on preventive dental services. During the 1982 summer school session, a total of 1,279 students received dental prophy-

laxis and topical fluoride application treatments. This represents 67.9% of the 1,912 children receiving dental screenings. Portable dental equipment made it possible for the dental hygienist to provide the majority of this treatment within the school setting. Dental hygienists also initiated twice-weekly fluoride rinse programs in the classroom.

In order of significance, the second most prevalent abnormalities were related to nutritional problems. Screening results coupled with physical examinations, health histories, diet assessments and child/parent complaints identified 1,162 nutritional problems requiring follow-up. 978 (84.2%) of these problems were provided follow-up services by nutritionists.

The rank of prevalence of nutrition problems within the Migrant Education summer school population is as follows:

1. Anemia (borderline and clinical)
2. Short stature
3. Overweight
4. Other nutrition problems
5. Underweight

The category "other nutrition problems" includes: food allergies, chronic diarrhea, diabetes, hypertension, dental problems and improper eating behavior (such as high intake of refined carbohydrates).

C. Most Frequent Diagnosis

Analysis of the diagnostic codes placed on authorizations and encounter forms validates the findings identified during the screening process.

The following table reflects the rank order of incidence of health problems identified in 1982:

TABLE XII

RANK ORDER OF MOST
FREQUENT HEALTH PROBLEMS
- 1982 -

RANK	DIAGNOSTIC CATEGORY	EXAMPLES
1	Dental Problems	(see narrative above)
2	Nutrition Problems	(see narrative above
3	Injury/Accidents	abraisons/open wounds fractures, sprains
4	Ear, Nose, Throat	otitis media, otitis externa, abnormal hearing, ear disease-unspecified
5	Skin/Subcutaneous	rash-unspecified, skin eruption, other abnormal skin conditions
6	Eye	failed vision test, acute conjunctivitis, refractive error, eyelid infection
7	Infectious Disease	pediculosis, tuberculosis, strept throat, chicken pox
8	Respiratory System	tonsilitis, adenoiditis, common cold, acute URI

SECTION
III

HEALTH EDUCATION

As noted in the introduction of this report, in order to enhance the general health status of the migrant farmworker population it is necessary to place a high priority on assisting migrant children to develop healthful lifestyles and health practices.

A. Health Education Activities - 1982

In support of this goal, all health team members were charged with the responsibility of engaging in a number of health promotion activities. These activities involved participation in classroom education, discussion groups, staff in-service training and presentations at "family nights".

During the summer of 1982, classroom education and small group sessions involved participation of 10,698 attendees, or an average of 4.6 health promotion encounters per child. Ninety-four (94) staff in-service training sessions involved 825 attendees. In addition, thirteen (13) family night presentations were offered involving a total estimated audience of 1,600.

Group sessions conducted by nursing personnel included classroom teaching directed toward specific health problems as well as broader topics related to health promotion and safety. Included topics were high blood pressure, the Heimlich Maneuver, function of the human heart, pesticides, safety and first aid. There were an average of 10 classroom sessions per nurse during the summer of 1982.

Staff inservice training sessions were designed to provide teachers and other education staff members with sufficient skills to deal with minor health problems and to recognize signs and symptoms of health problems in children so that early intervention is possible. Forty-three (43) staff or teacher inservice sessions

were presented with 325 in attendance. This represents an average of three (3) inservice sessions per nurse. Family night presentations included discussions of screening procedures and explanation of why screening is conducted, pesticide safety and high blood pressure. In some sites, nurses offered select screening procedures for parents.

Classroom sessions developed by the dental hygiene staff covered the following topics: proper brushing and flossing, dental nutrition, what happens in visits to dental offices, the etiology of dental disease and the structure and function of teeth. 216 classroom sessions were presented by dental hygienists and the dental health educator with a total of 3,561 children participating. This represents an average of 16.5 classroom sessions per hygienist.

Staff inservice training by dental hygiene personnel included: the relationship between dental disease and good health, proper brushing and flossing, the etiology of dental disease, bottlemouth caries and the incorporation of dental health education into academic curriculum. Sixteen (16) inservice sessions were offered with a combined attendance of 203. This represents an average of 1.2 sessions per hygienist. In addition dental hygienists participated in thirteen (13) dental health promotion sessions during family nights.

Group sessions developed by nutritionists included both classroom teaching and discussion groups for children with specific nutrition problems. Specific topics included: healthy snacking, balanced diets, the relationship between nutrition and health, high iron foods and anemia. A total of 236 classroom education or small group sessions were offered - an average of 16.9 group encounters per nutritionist. A total of 2,986 children and staff members participated in these sessions.

Staff inservice training provided by nutritionists included the following topics: incorporation of nutrition education into academic instruction, methods

of increasing the iron content of school meals, alternative snack ideas, ways to prepare foods with fewer calories and less salt. Thirty-five (35) nutrition inservice sessions were presented with a total attendance of 297 teaching and food service staff in attendance. Family night presentations included: how to identify nutrition related health problems, the relationship between nutrition and health and how to diet using culturally acceptable foods. Several nutrition education plays for parents were presented.

TABLE XIII

HEALTH EDUCATION/PROMOTION
ACTIVITIES
- 1982 -

EDUCATION CATEGORY	GROUP/CLASS-ROOM SESSIONS	# PERSONS ATTENDING	STAFF IN-SERVICES	# PERSONS ATTENDING	FAMILY NIGHT PRESENTATIONS	# PERSONS ATTENDING
Nutrition	236	3,986	35	297	13	1,850
Dental	215	3,561	16	203	12	2,104
Nursing	142	3,142	43	325	10	915
TOTALS	593	10,689	94	825	35	4,869

B. Health Education Development Activities:

In addition to the activities described above, major effort in 1982 was directed toward the development of health education units which would allow selected health education topic areas to be integrated into the migrant school currilumum. The topic areas selected are Dental Health, Nutrition and Health Education.

The units have been developed for Level I (lower elementary) and Level II (upper elementary). Each topic area and level have two to four classroom lessons developed around specific, measurable learning objectives. Each lesson contains:

1) A concept sheet for the teacher with basic background information on the subject matter;

2) Learning objectives and related bilingual activities;

3) Supplemental materials which include hand-out pamphlets, student worksheets, and related activities in other classes.

4) Related parent activities;

5) Evaluation instruments

The Dental Health and Nutrition Education units were pilot tested during the 1982 summer school session. Recommendations from this testing have been incorporated into the units. It is anticipated that all Migrant Education summer schools will utilize these units during the 1983 session.

SECTION
IV

FINANCIAL RESOURCES

The financial resources provided by the Colorado Department of Education Migrant Education Program in support of the 1982 health program were deployed in the following cost categories:

TABLE XIV

BUDGET ALLOCATION BY
SERVICE CATEGORY

COST CATEGORY	AMOUNT ALLOCATED	PERCENT OF BUDGET
Medical Care	$ 14,989	10.7%
Nursing Services	47,063	33.6
Dental Care	39,589	28.3
Dental Hygiene Services	26,093	18.6
Nutrition Services	12,226	8.8
TOTALS	$139,960	100%

NOTES:

1. "Medical Care" includes medical treatment provided by local physicians, clinics, laboratories and hospitals as well as costs of medications.
2. "Nursing Services" includes nurse's salaries, travel, supplies and costs associated with orientation.
3. "Dental Care" includes dental treatment provided by local dentists, as well as stipends paid to dental students.
4. "Dental Hygiene Services" includes salaries, travel, dental supplies and costs associated with orientation.
5. "Nutrition Services" includes salaries, travel, supplies and costs associated with orientation.
6. Indirect costs are prorated into each cost category.

As is evident from the proceeding table, 44.3% of total budget was allocated for Medical Services, 46.9% for Dental Services and 8.8% for Nutrition Services. Based upon the enrollment figure of 2,339 students, the average cost per student for the full range of services offered was $59.85.

It is significant to note that although health services were offered to Migrant Education Students at a cost to the Department of Education of $140,000.00, the total value of services offered far exceeded this amount. This is due to a number of cost-effective mechanisms which have been developed over the past several years. The dental program offers a number of tangible examples of this cost-effectiveness:

1. When dental services are provided by a dental student under the direct supervision of local dentists, the cost to the program is only one-third (1/3) to one-half (1/2) the usual and customary charge;
2. When dental services are provided at the Mesa County Health Department, there is no charge beyond the monthly stipend paid to the dental graduate who staffs the clinic.
3. Both Plan de Salud del Valle and Sunrise Community Health Center provide comprehensive dental services to migrant students in Weld and Boulder Counties in return for minimal payments.

(As a result of the three examples presented above, for an investment of $39,589, migrant students received dental treatment valued at $127,919 - a net savings of $88,330 or 69.1%.)

4. Dental prophylaxis (cleaning) and topical fluoride applications are provided by dental hygienists in the migrant school with portable equipment. A total of 1,279 prophylaxis and fluoride applications were provided in 1982. In the private sector these services would cost $30.00 per patient or a total of $38,370. The total cost to CDE for dental hygienists in 1982 was $36,093 -- 68% of the value of just these services alone -- and this does not account for more than one-half (1/2) of the services provided by hygienists (other duties include dental screening, case management, patient/parent education, classroom education, staff in-service training, etc.).

The following table provides supportive documentation to the statements above:

TABLE XV

DENTAL TREATMENT COSTS - ESTIMATED COST, VALUE OF TREATMENT, EXPENDITURE BY SOURCE
- 1982 -

SITE	ESTIMATED COSTS	ACTUAL VALUE OF TREATMENT PROVIDED	ACTUAL AMOUNT PAID FOR TREATMENT	AMOUNT PAID BY TITLE I FUNDS	AMOUNT PAID BY OTHER FUNDS*
Brighton	$ 12,300	$ 20,668	$ 2,776	$ 2,500	$ 276
Fort Lupton	13,640	19,491	2,500	2,500	0
Longmont	11,365	19,284	842	842	0
Greeley/Ault	13,400	14,855	3,910	3,000	910
Fort Collins	6,500	4,504	2,252	1,384	868
Fort Morgan	4,910	5,159	2,838	348	2,490
Sterling	4,475	4,650	2,488	2,000	488
Burlington	4,500	470	470	470	0
Lamar	6,450	4,351	3,100	2,805	295
Rocky Ford/La Junta	8,625	6,789	3,181	1,956	1,225
Pueblo	8,200	7,377	4,879	2,325	1,554
Alamosa	11,820	8,081	4,604	2,736	1,868
Grand Junction	13,000	9,184	3,753	2,514	1,239
Delta	4,200	3,656	2,483	1,198	1,285
TOTAL	$123,385	$127,919	$39,076	$26,578	$12,498

*DHHS Grant and State General Fund. Medicaid funds are not included.

Major savings are also realized in the Medical Cost category. For example:

- Several private physicians and local medical practices offer reduced rates for migrant children enrolled in Migrant Education and Daycare/Headstart Programs (range from 15% - 30%);
- Again, Plan de Salud del Valle and Sunrise Community Health Center offer medical services to migrant children at minimal cost per patient visit (average $5.00);
- Local hospitals have agreed to accept minimal payments in return for both out-patient and in-patient hospital services;
- Local pharmacists have agreed to offer services in accordance with MAC (maximum allowable costs) guidelines;
- Local health departments offer a multitude of services at minimal or no cost.

Although precise cost vs. value analysis is not yet complete for 1982 medical encounters, it is anticipated that approximately a thirty percent (30%) net savings will be realized.

SECTION
V
COMPARITIVE STATISTICS BY
SCHOOL SITE

The tables presented in this section are intended to meet three objectives:

1. To provide supporting data for the summary statistics presented in the body of this report;
2. To provide for site-by-site comparisons related to incidence and follow-up;
3. To provide planning information which will maintain and enhance current efforts.

TABLE XVI

IMMUNIZATIONS OFFERED
- 1982 -

SITE	IMMUNIZATIONS INITIATED	IMMUNIZATIONS IN PROCESS	IMMUNIZATIONS COMPLETED	TOTAL IMMUNIZATIONS OFFERED
Brighton	0	1	50	51
Fort Lupton	0	18	0	18
Longmont	2	30	3	35
Greeley/Ault	*	*	*	22
Fort Collins	3	15	12	30
Fort Morgan	0	13	3	16
Sterling	3	8	4	15
Burlington	0	1	2	3
Lamar	2	10	13	25
Rocky Ford/La Junta	0	22	0	22
Pueblo	3	3	27	33
Alamosa	*	*	*	98
Grand Junction	7	17	7	31
Delta	3	24	1	28
TOTAL	23	162	122	427

*data not available, however total column is accurate

TABLE XVII

VISION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	#SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		Number	Percentage	Number	Percentage
Brighton	155	9	5.8%	7	77.8%
Fort Lupton	135	24	17.8	24	100
Longmont	185	51	27.6	19	37.3
Greeley/Ault	247	10	4.0	10	100
Fort Collins	119	6	5.0	6	100
Fort Morgan	85	11	12.9	5	45.5
Sterling	35	14	40.0	13	92.9
Burlington	60	9	15.0	3	33.3
Lamar	104	10	9.6	7	70.0
Rocky Ford/La Junta	241	72	29.9	72	100
Pueblo	78	41	52.6	15	36.6
Alamosa	214	26	12.1	26	100
Grand Junction	154	14	9.1	13	92.9
Delta	72	4	5.6	4	100
TOTAL	1,884	301	15.9%	224	74.4%

TABLE XVIII

HEARING PROBLEMS - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		Number	Percentage	Number	Percentage
Brighton	142	3	2.1%	1	33.3%
Fort Lupton	140	4	2.8	4	100
Longmont	184	10	5.4	1	10
Greeley/Ault	32	9	28.1	7	77.8
Fort Collins	94	7	7.4	7	100
Fort Morgan	84	7	8.3	1	14.3
Sterling	36	1	2.8	1	100
Burlington	26	0	0	0	0
Lamar	100	6	6.0	4	66.7
Rocky Ford/La Junta	79	17	21.5	17	100
Pueblo	78	15	19.2	1	6.7
Alamosa	214	50	23.4	47	94.0
Grand Junction	101	16	15.8	12	75.0
Delta	72	4	5.6	4	100
TOTAL	1382	149	10.8%	107	71.8%

TABLE XIX

ELEVATED BLOOD PRESSURE - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	# Screened	Abnormals Identified		Abnormals Followed-Up	
		Number	Percent	Number	Percent
Brighton	155	0	0 %	0	- %
Fort Lupton	135	0	0	0	-
Longmont	185	10	5.4	0	0
Greeley/Ault	247	2	0.8	2	100
Fort Collins	119	5	4.2	5	100
Fort Morgan	85	3	3.5	2	66.7
Sterling	35	1	2.8	1	100
Burlington	60	10	16.7	0	0
Lamar	104	5	4.8	5	100
Rocky Ford/La Junta	241	9	3.7	9	100
Pueblo	78	5	6.4	0	0
Alamosa	214	26	12.1	16	61.5
Grand Junction	154	31	20.1	8	25.8
Delta	72	0	0	0	-
TOTAL	1,884	107	5.7%	48	44.9%

TABLE XX

SCOLIOSIS - INCIDENCE/FOLLOW-UP

- 1982 -

SITE	# SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP	
		Number	Percentage	Number	Percentage
Brighton	41	0	0 %	0	- %
Fort Lupton	66	2	3.0	0	0
Longmont	43	7	16.3	4	57.1
Greeley/Ault	23	3	13.0	2	66.7
Fort Collins	16	0	0	0	-
Fort Morgan	82	4	4.9	0	0
Sterling	4	1	25.0	1	100
Burlington	15	1	6.7	0	0
Lamar	21	0	0	0	-
Rocky Ford/La Junta	55	1	1.8	1	100
Pueblo	1	0	0	0	-
Alamosa	67	5	7.5	2	40
Grand Junction	11	2	18.2	2	100
Delta	26	1	3.8	1	100
TOTAL	471	27	5.7 %	13	48.1%

TABLE XXI

DENTAL PROBLEMS - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	NUMBER SCREENED	ABNORMALS IDENTIFIED		ABNORMALS FOLLOWED-UP/ TREATMENT PROVIDED	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	185	156	83.3%	124	79.5%
Fort Lupton	169	140	82.8	134	95.7
Longmont	218	166	76.1	117	70.5
Greeley/Ault	246	131	53.2	101	77.1%
Fort Collins	89	48	53.9	39	81.2
Fort Morgan	78	46	53.1	31	67.4
Sterling	40	27	67.5	27	100.0
Burlington	65	47	72.3	9	19.1
Lamar	98	74	75.5	56	75.7
Rocky Ford/La Junta	234	127	54.3	63	49.6
Pueblo	79	41	51.9	32	78.0
Alamosa	232	171	73.7	64	37.4
Grand Junction	135	99	73.3	54	54.5
Delta	73	59	80.8	43	72.9
TOTAL	1,941	1,332	68.6%	894	67.1%

TABLE XXII

DESCRIPTION OF DENTAL FOLLOW-UP NEEDED

- 1982 -

SITE	# SCREENED	NEED ROUTINE DENTAL CARE		NEED EMERGENCY DENTAL CARE	
		NUMBER	PERCENT	NUMBER	PERCENT
Brighton	185	148	80.0%	8	4.3%
Fort Lupton	169	133	78.7	7	4.1
Longmont	218	166	76.1	0	0
Greeley/Ault	246	130	52.8	1	0.4
Fort Collins	89	43	48.3	5	5.6
Fort Morgan	78	38	48.7	8	10.2
Sterling	40	24	60.0	3	7.5
Burlington	65	39	60.0	8	12.3
Lamar	98	56	57.1	18	18.4
Rocky Ford/La Junta	234	122	52.1	5	2.1
Pueblo	79	40	50.6	1	1.3
Alamosa	232	139	59.9	32	13.8
Grand Junction	135	92	68.1	7	5.2
Delta	73	52	71.2	7	9.6
TOTAL	1,941	1,222	63.0%	110	5.7%

TABLE XX.III

DENTAL FOLLOW-UP - STATUS OF TREATMENT/REASONS FOR NO TREATMENT

- 1982 -

SITE	NUMBER CHILDREN NEEDING CARE	STATUS OF DENTAL TREATMENT RECEIVED		REASONS WHY ABNORMALS DID NOT RECEIVE TREATMENT		
		Complete Care	Partial Care	Not Referred (low priority)	No Consent Form or Parent Refused	Referred but Moved/No Time
Brighton	156	92	32	10	0	22
Fort Lupton	140	67	67	3	0	3
Longmont	166	107	10	0	40	9
Greeley/Ault	131	92	9	9	0	21
Fort Collins	48	26	13	6	3	0
Fort Morgan	46	30	1	6	0	9
Sterling	27	25	2	0	0	0
Burlington	47	7	2	15	0	23
Lamar	74	49	7	17	0	1
Rocky Ford/La Junta	127	41	22	0	19	45
Pueblo	41	16	16	3	0	6
Alamosa	171	45	19	15	14	78
Grand Junction	99	27	27	15	6	24
Delta	59	19	24	9	0	7
TOTAL	1,332	643	251	108	82	248

TABLE XXIV

TYPE AND NUMBER OF DENTAL TREATMENT SERVICES IN DENTAL OFFICES
- 1982 -

SITE	DIAGNOSTIC	PREVENTIVE	RESTORATIVE	CROWNS/SP. MAINTAINER	ENDODONTICS	ORAL SURGERY	TOTAL SERVICES
Brighton	714	2	479	4	29	23	1,251
Fort Lupton	955	7	383	14	33	28	1,420
Longmont	550	8	443	3	10	14	1,028
Greeley/Ault	316	1	383	39	25	58	822
Fort Collins	123	0	164	5	13	17	322
Fort Morgan	88	0	194	11	17	29	339
Sterling	75	0	167	40	7	6	295
Burlington	15	0	10	1	2	6	34
Lamar	163	3	196	17	12	11	402
Rocky Ford/ La Junta	186	2	295	18	14	18	523
Pueblo	229	56	194	12	11	13	515
Alamosa	178	0	363	8	14	30	593
Grand Junction	198	22	279	30	6	31	566
Delta	159	13	200	8	10	4	394
TOTAL	3,949	114	3,740	210	203	288	8,504

TABLE XXV

COST* OF DENTAL SERVICES PROVIDED IN DENTAL OFFICES BY TYPE

- 1982 -

SITE	DIAGNOSTIC	PREVENTIVE	RESTORATIVE	CROWN/SPACE MAINTAINER	ENDODONTICS	ORAL SURGERY	TOTAL COST FOR TREATMENT
Brighton	$ 40	$ 66	$ 2,143	$ 300	$ 100	$ 127	$ 2,776
Fort Lupton	0	0	2,000	300	100	100	2,500
Longmont	91	0	527	176	24	24	842
Greeley/Ault	200	0	1,800	500	300	300	3,000
Fort Collins	250	0	769	66	200	200	1,384
Fort Morgan	31	0	172	25	120	120	348
Sterling	198	0	1,229	228	300	300	2,000
Burlington	105	0	164	65	58	58	470
Lamar	306	30	1,909	369	107	107	2,805
Rocky Ford/La Junta	336	15	1,243	178	75	75	1,956
Pueblo	552	92	1,031	279	259	259	2,325
Alamosa	355	0	1,871	175	163	163	2,736
Grand Junction	154	120	650	1,115	235	235	2,514
Delta	278	22	681	136	67	67	1,198
TOTAL	$2,856	$279	$16,046	$3,912	$2,108	$2,108	$26,578

*Includes only costs paid by the Colorado Department of Education.

TABLE XXVI
PREVENTIVE DENTAL SERVICES BY DENTAL HYGIENISTS
Prophylaxis, Topical Fluoride Application, Dental Counseling
- 1982 -

SITE	# DENTAL SCREENED	# RECEIVING PREVENTIVE SERVICES	
		NUMBER	PERCENT
Brighton	172	142	82.5%
Fort Lupton	159	133	83.6
Longmont	212	147	69.3
Greeley/Ault	246	158	64.2
Fort Collins	89	86	96.6
Fort Morgan	78	22	28.2
Sterling	40	27	67.5
Burlington	65	55	84.6
Lamar	98	55	56.1
Rocky Ford/La Junta	234	141	60.2
Pueblo	79	23	29.1
Alamosa	232	205	88.4
Grand Junction	135	70	51.8
Delta	73	15	20.5
TOTAL	1,912	1,279	66.9%

TABLE XXVII

NUTRITION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	# Screened	Nutrition Problems Identified		Nutrition Problems Followed-up	
		Number	Percent	Number	Percent
Brighton	155	111	72 %	74	66 %
Fort Lupton	135	59	48	33	56
Longmont	185	88	48	79	90
Greeley/Ault	247	182	74	152	84
Fort Collins	119	56	47	52	93
Fort Morgan	85	63	74	62	98
Sterling	35	14	40	13	93
Burlington	60	31	52	31	100
Lamar	104	53	51	47	89
Rocky Ford/La Junta	241	146	61	146	100
Pueblo	78	41	53	37	90
Alamosa	214	95	51	86	91
Grand Junction	154	106	69	74	69
Delta	72	34	47	15	44
TOTAL	1884	1163	61.7%	979	84.2%

TABLE XXVIII

BELOW NORMAL HEMATOCRIT - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	# Screened	Anemia Identified		Anemia Followed-up	
		# Abnormal HCT	% Abnormal HCT Vs. Screened	# Receiving Follow-Up	% (Abn. vs. # Follow-up)
Brighton	155	41	26 %	35	85 %
Fort Lupton	135	15	11	11	73
Longmont	185	43	24	39	90
Greeley/Ault	247	32	13	28	88
Fort Collins	119	24	20	21	88
Fort Morgan	85	38	45	38	100
Sterling	35	5	14	5	100
Burlington	60	18	30	18	100
Lamar	104	20	19	19	95
Rocky Ford/La Junta	241	67	28	67	100
Pueblo	78	3	4	3	100
Alamosa	214	54	25	50	93
Grand Junction	154	50	29	50	100
Delta	72	7	10	7	100
TOTAL	1,884	417	22%	391	93.8%

TABLE XXIX

UNDERWEIGHT - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	# Screened	Underweight Identified		Underweight Followed-up	
		Number	Percent	Number	Percent
Brighton	155	5	3%	3	60%
Fort Lupton	135	3	2	1	33
Longmont	185	1	1	1	100
Greeley/Ault	247	7	3	7	100
Fort Collins	119	14	10	14	100
Fort Morgan	85	1	1	1	100
Sterling	35	0	0	0	-
Burlington	60	1	2	1	100
Lamar	104	1	1	1	100
Rocky Ford/La Junta	241	3	1	3	100
Pueblo	78	6	8	6	100
Alamosa	214	0	0	0	-
Grand Junction	154	5	3	1	20
Delta	72	2	3	1	50
TOTAL	1,884	49	3%	40	82%

TABLE XXX

OVERWEIGHT - INCIDENCE/FOLLOW-UP

- 1982 -

SITE	# Screened	Overweight Identified		Overweight Followed-up	
		Number	Percent	Number	Percent
Brighton	155	25	16%	15	60%
Fort Lupton	135	16	11	8	50
Longmont	185	26	14	21	80
Greeley/Ault	247	45	18	42	93
Fort Collins	119	12	10	10	83
Fort Morgan	85	19	22	19	100
Sterling	35	5	14	5	100
Burlington	60	13	22	13	100
Lamar	104	20	19	15	80
Rocky Ford/La Junta	241	36	15	36	100
Pueblo	78	8	10	8	100
Alamosa	214	26	12	23	88
Grand Junction	154	23	13	11	48
Delta	72	9	12	3	30
TOTAL	1884	283	15%	229	81%

TABLE XXXI

SHORT STATURE - INCIDENCE/FOLLOW-UP

- 1982 -

SITE	# Screened	Short-Stature Identified		Short Stature Followed-up	
		Number	Percent	Number	Percent
Brighton	155	33	21%	21	63%
Fort Lupton	135	25	18	13	52
Longmont	185	40	21	40	100
Greeley/Ault	247	60	24	31	52
Fort Collins	119	25	21	25	100
Fort Morgan	85	21	25	20	95
Sterling	35	4	11	3	75
Burlington	60	0	0	0	-
Lamar	104	22	22	21	95
Rocky Ford/La Junta	241	54	22	54	100
Pueblo	78	9	12	9	100
Alamosa	214	30	14	27	90
Grand Junction	154	23	13	5	22
Delta	72	16	14	8	50
TOTAL	1884	362	18%	277	77%

TABLE XXXII

"OTHER"* NUTRITION PROBLEMS - INCIDENCE/FOLLOW-UP
- 1982 -

SITE	# Screened	"Other" Problems Identified		"Other" Problems Followed-up	
		Number	Percent	Number	Percent
Brighton	155	7	4	0	-
Fort Lupton	135	0	-	0	-
Longmont	185	0	-	0	-
Greeley/Ault	247	6	3	6	100
Fort Collins	119	0	-	0	-
Fort Morgan	85	2	2	2	100
Sterling	35	0	-	0	-
Burlington	60	0	-	0	-
Lamar	104	4	4	3	75
Rocky Ford/La Junta	241	10	4	10	100
Pueblo	78	15	19	15	100
Alamosa	214	0	-	0	-
Grand Junction	154	8	5	6	75
Delta	72	0	-	0	-
TOTAL	1884	52	3%	42	81

*"Other" includes food allergies, chronic diarrhea, hypertension, diabetes and dental problems

TABLE XXXIII
HEALTH EDUCATION SERVICES BY NURSES
- 1982 -

SITE	Family Night Presentations		Group Encounters		Staff Inservice	
	# of Family Night presentation	# People in Attendance	Number of Group Encounters	Number of Students/Teachers Present	# of Inservices	#People Attending
Brighton	1	30	6	145	1	4
Fort Lupton	2	132	15	322	7	51
Longmont	2	106	14	371	0	0
Greeley/Adult	1	40	14	253	1	21
Fort Collins	1	100	31	484	7	22
Fort Morgan	0	0	7	266	1	22
Sterling	1	100	7	69	2	24
Burlington	0	0	0	0	2	15
Lamar	0	0	0	0	7	34
Rocky Ford/La Lunta	1	7	8	180	4	29
Pueblo	0	0	17	292	0	0
Alamosa	1	400	13	578	10	89
Grand Junction	0	0	3	47	0	0
Delta	0	0	7	135	1	14
TOTAL	10	915	142	3,142	43	325

TABLE XXXIV

HEALTH EDUCATION SERVICES BY DENTAL HYGIENISTS
- 1982 -

SITE	Family Night Presentations		Group Encounters		Staff In-Services	
	# Family Night Presentations	# People Attending	# Group Encounters	# People Attending	# Staff Inservices	# People Attending
Brighton	1	250	17	625	1	10
Fort Lupton	1	350	22	307	1	15
Longmont	2	400	14	307	1	17
Greeley/Ault	1	325	42	473	1	18
Fort Collins	0	0	4	66	1	12
Fort Morgan	1	100	18	280	1	14
Sterling	1	100	15	95	1	16
Burlington	0	9	10	192	1	12
Lamar	1	35	7	140	1	10
Rocky Ford/La Junta	2	13	7	167	1	10
Pueblo	1	150	11	209	1	6
Alamosa	1	300	14	239	2	33
Grand Junction	1	72	20	306	2	20
Delta	0	0	15	155	1	10
TOTAL	13	2,104	216	3,561	16	203

TABLE XXXV

HEALTH EDUCATION SERVICES BY NUTRITIONISTS
- 1982 -

SITE	Family Night		Group Encounters		Staff Inservices	
	# Family Night Presentations	# People Attending	# Group Encounters	# People Attending	# Staff Inservices	# People Attending
Brighton	1	35	16	346	2	10
Fort Lupton	1	75	16	108	2	12
Longmont	2	300	26	451	4	30
Greeley/Ault	1	105	30	406	2	5
Fort Collins	0	0	20	289	3	30
Fort Morgan	1	100	22	419	7	54
Sterling	1	200	15	132	3	21
Burlington	0	0	11	157	1	10
Lamar	1	35	20	318	2	17
Rocky Ford/La Junta	2	600	27	702	2	23
Pueblo	1	150	22	353	1	6
Alamosa	1	225	12	210	4	45
Grand Junction	0	0	5	102	3	27
Delta	0	0	9	116	2	22
TOTAL	12	1,825	241	4,109	38	312